INTERFACILITY TRANSFER GUIDELINES

PURPOSE

To identify patient care responsibilities for EMTs and EMT-Ps during interfacility transports.

AUTHORITY

Title 22, Division 2.5, Sections 1797.214, 1798.170 and 1798.172 of the California Health and Safety Code.

BLS POLICY

During an interfacility transport an EMT may monitor the following during an interfacility transport if the patient is non-critical and deemed stable by the transferring physician and the physician has approved transport via BLS ambulance:

Appropriate transfer paper work and medical records must accompany the patient to their destination.

1. Monitor a saline lock or peripheral lines delivering fluids in any combination/concentration of Normal Saline, Lactated Ringers or Dextrose and Water provided the following conditions are met:

    a. No medications have been added to the IV fluid.

    b. Maintain the IV at a pre-set rate.

    c. Check tubing for kinks and reposition arm if necessary.

    d. Turn off IV fluid if signs/symptoms of infiltration occur.

    e. Control any bleeding at insertion site.

2. Transport a patient with a Foley catheter provided:

    a. The catheter is able to drain freely.

    b. No action is taken to impede flow or contents of drainage collection bag.

3. Transport a patient with a nasogastric or gastrostomy tube provided the tube is clamped.

4. If the patient's condition deteriorates, the patient should be transported to the closest receiving hospital.

ALS POLICY

Appropriate transfer paper work and medical records must accompany the patient to their destination.

If the transfer is for a STEMI patient please refer to Policy #8040 "Interfacility Transfer of STEMI Patients".

Paramedics may not transport a patient with IV drips that are not in the paramedic scope of practice.

Paramedics may not transport patients with blood or blood products.

During an interfacility transport, an ICEMA Accredited EMT-P may:

1. Monitor peripheral lines delivering fluids in any combination/concentration of normal saline, lactated ringers or dextrose and water.

2. Transport intravenous solutions with added medication (s) as follows:

    a. Lidocaine

    b. Dopamine

    c. Procainamide

    d. Magnesium Sulfate

    e. Pitocin

3. Monitor and administer medications through a pre-existing vascular access.

4. Monitor heparin lock or saline lock.

5. Monitor IV solutions containing potassium $\leq$40mEq/L.

6. Monitor thoracostomy tubes to water or dry sealed drainage.

7. Monitor nasogastric tubes.

8. Paramedics may initiate prior to contact protocols if the patient's condition deteriorates then must contact the Base Station per protocol #5040, "Radio Communication Policy".

NURSE ASSISTED ALS TRANSPORT

In the event of a critical patient that needs transport with medication or IV drips that are outside of the paramedic scope of practice and CCT transport is not possible, a Registered Nurse from the transferring hospital may accompany the patient. The RN will be responsible for orders from the transferring physician. In the event the patient condition deteriorates the paramedic will contact the Base Station for orders and destination change. The RN will continue to provide care consistent with the transferring physician's orders. The Base Station Physician may consider discontinuing or continuing the prior orders based on patient condition. The RN will document the Base Physician orders on the transferring facility's patient care record. The medic will document on the ePCR or O1A.